

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736962

Entity Name: HOMESTEAD COMMUNITY CONCERT ASSOCIATION, INC.

FILED
Jun 14, 2015
Secretary of State
CC5297454109

Current Principal Place of Business:

C/O BILL WHITE
19800 SW 180 AVE #36
MIAMI, FL 33187-2634

Current Mailing Address:

PO BOX 901082
HOMESTEAD, FL 33090-1082 US

FEI Number: 59-1738397

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WHITE, WILLIAM E
19800 SW 180 AVE
#36
MIAMI, FL 33187-2634 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP2D
Name	SOLTZ, JOAN
Address	2962 SE 24 TER
City-State-Zip:	HOMESTEAD FL 33035
Title	PD
Name	MCALLISTER, ANN
Address	19411 SW 308 ST
City-State-Zip:	HOMESTEAD FL 33030
Title	SECRETARY
Name	JENSEN, CAROLINE
Address	PO BOX 901082
City-State-Zip:	HOMESTEAD FL 33090-1082
Title	TREASURER
Name	ROZYSKIE, JR, ELWIN COL
Address	PO BOX 901082
City-State-Zip:	HOMESTEAD FL 33090-1082

Title	D, DIRECTOR
Name	WHITE, WILLIAM E
Address	19800 SW 180 AVE #36
City-State-Zip:	MIAMI FL 33187
Title	DIRECTOR, VP1
Name	BERGER, MARLENE PORTER
Address	PO BOX 901082
City-State-Zip:	HOMESTEAD FL 33090-1082
Title	CORRESPONDING SECRETARY
Name	SOUTHERN, DORIS
Address	PO BOX 901082
City-State-Zip:	HOMESTEAD FL 33090-1082

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM E WHITE

D

06/14/2015

Electronic Signature of Signing Officer/Director Detail

Date